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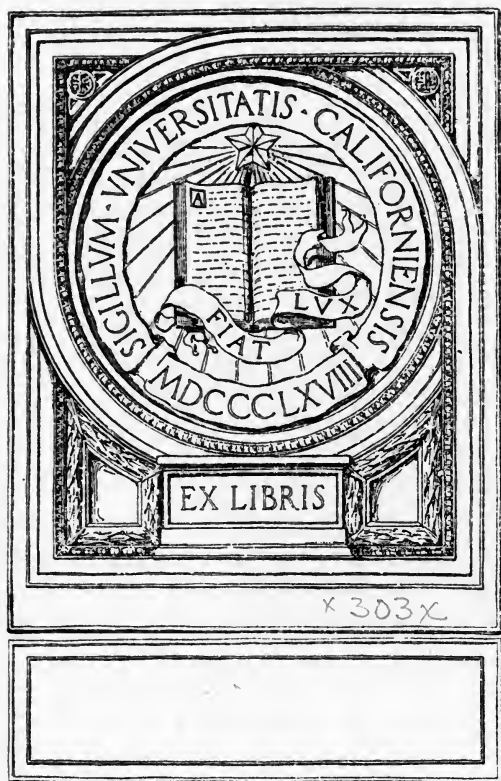
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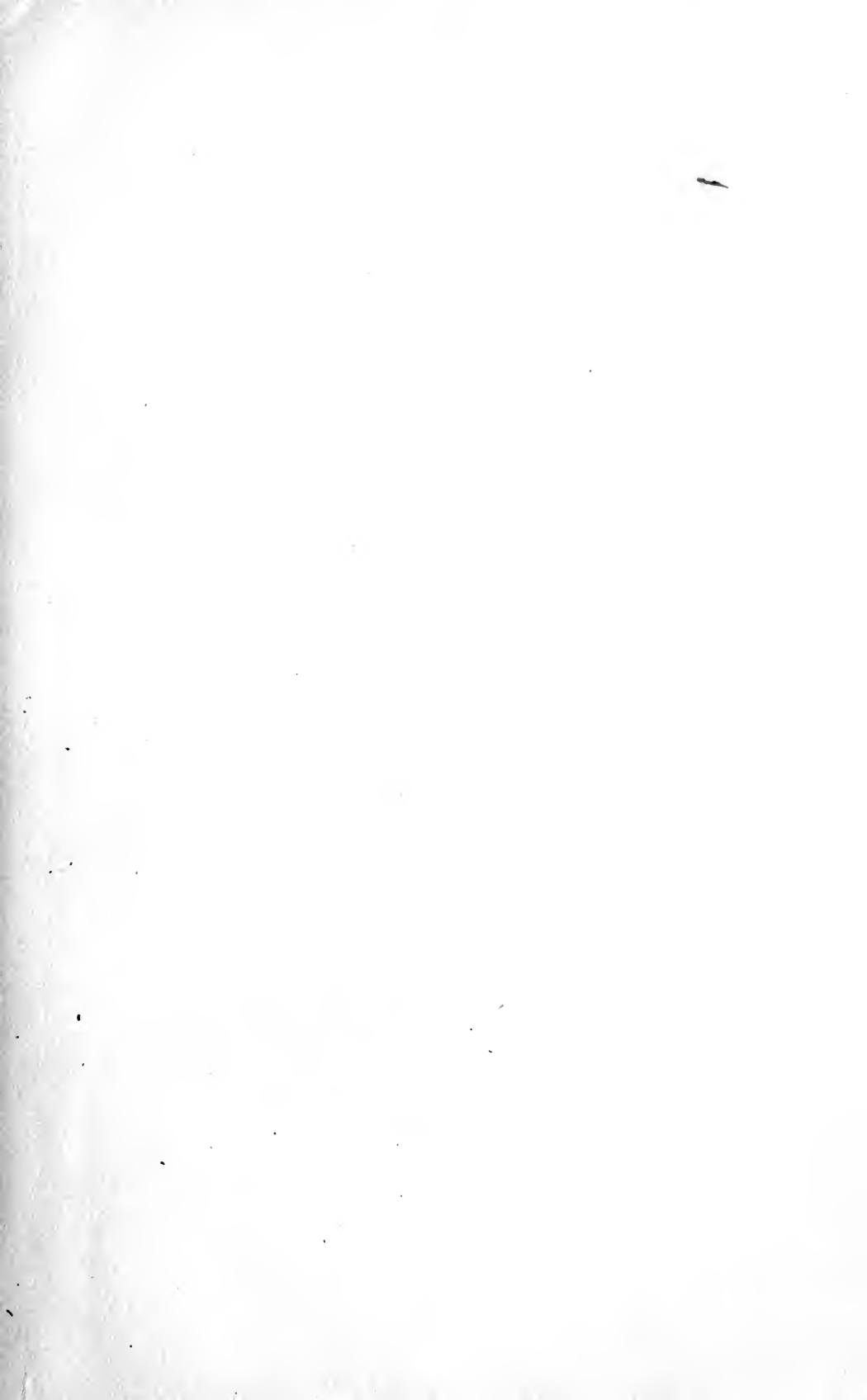


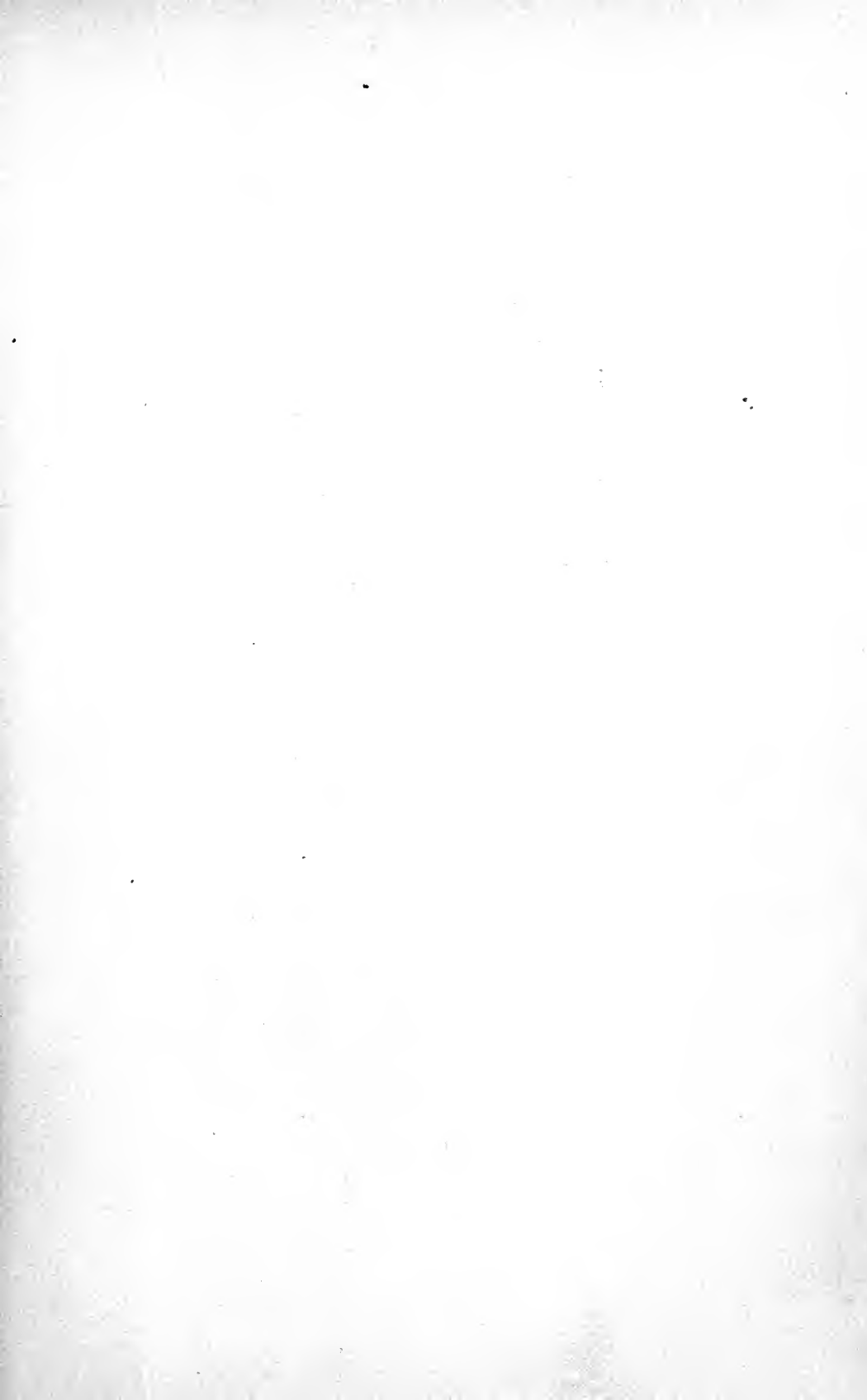
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THE CARE OF CRIPPLED
CHILDREN IN THE UNITED
STATES * * DOUGLAS MCMURTRIE

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THE CARE OF CRIPPLED CHILDREN
IN THE UNITED STATES

The Care of Crippled Children in The United States

A Study of the Distribution of Institutions and Work
An Analysis of Systems of Care, and a Con-
sideration of the Principles Involved

Together With a Bibliography of Material Relating
to Cripples in America

BY

DOUGLAS C. McMURTRIE

Being a Revision of an Article Appearing in
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DOUGLAS C. MCMURTRIE

THE CARE OF CRIPPLED CHILDREN IN THE UNITED STATES.

There are, in the United States, a great many more institutions for the care of cripples than is generally realized. This is probably due to the fact that each organization had its inception in the need of a local situation, and was founded to relieve particular conditions. Development was thus along individual lines. There has been no concerted movement for the benefit of cripples, and the institutions which exist are largely ignorant of the work which is being done outside of their own city. There has been no national congress for cripple-care and there is practically no literature by means of which information regarding work and methods might be exchanged. Furthermore, the regular national organizations engaged in philanthropic effort have given no attention to cripples.

It might be expected, therefore, that there would be found institutions varying widely in type. This is the case. Some are excellent, others very poor, and there is a great divergence in the ideas regarding the proper methods of care. But just on account of the individuality and the absence of conformity to any exact rules or system, there have been devised several features of great interest.

To the surgeons came the first realization of the special needs of cripples and the first institution established for their benefit in the United States was the Hospital for the Ruptured and Crippled in New York City. It was found that the proper orthopedic treatment could not be given normally in the regular hos-

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pitals, so several surgeons and public-spirited citizens founded the hospital referred to in 1863. Another hospital of a similar nature, the New York Orthopedic Hospital and Dispensary, was founded in 1866. These institutions have done splendid pioneer work along orthopedic lines and are now caring for many patients.

At first, however, these hospitals provided for medical attention only. The first institution founded primarily as a home for cripples was the Home of the Merciful Saviour in Philadelphia, Pennsylvania. The object was to give care and education to crippled children who were otherwise unprovided for. The next home to be founded was the House of St. Michael and All Angels for Young Colored Cripples, located in the same city. This was started in 1887 to accommodate crippled negro children not cared for in the other home. The Home for Crippled Children in Newark, New Jersey, was founded in 1892 and the Daisy Fields Home for Crippled Children in Englewood, New Jersey, was started in 1893.

It must be noted, however, that up to this point the primary object had been either to give purely medical care or furnish a home for cripples. The first institution with a purely educational object was the Industrial School for Crippled and Deformed Children, which was founded in Boston, Massachusetts, by Drs. Bradford and Thorndike, who conceived the idea through becoming acquainted with the institutions in Italy and Germany. The plan of this institution was thoroughly novel as the children lived at home and attended school during the day only, being transported to and fro by carriages. The chief emphasis is laid on industrial training.

The idea of nonresident care and instruction was destined to be carried out in other places and a thoroughly unique system has been developed. In 1898 the New York Children's Aid Society began to establish special day schools for crippled children, the first one being that now known as the Rhinelander School. A few years later the "Avenue B. School" was established. In order to provide for the transportation to and from this school there was founded in 1899 an auxiliary organization which later became the Association for the Aid of Crippled Children.

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In the meantime, while the nonresident school movement had been gaining headway there had been started an institution which in one particular is absolutely unique. The State of Minnesota established in 1897 a hospital and home for crippled children, which is the only institution in the world started entirely by public initiative. Others, as for instance the Royal Bavarian Institution for Cripples at Munich, have been started by private means and later taken over by the State, but the Minnesota institution was established by the State Legislature. The State of New York followed the example and established the New York State Hospital for the Care of Crippled and Deformed Children in 1900. Massachusetts established a similar institution, the Massachusetts Hospital School, in 1906, and several other states have taken action regarding the welfare of cripples.

Another line of work was opened up in 1906 when the Board of Education of the City of New York opened in one of the public schools the first special class for crippled children and since then other classes have been formed. Transportation to these classes is provided by two private philanthropic organizations. The City of Chicago has also opened in the public schools special classes for cripples and the transportation in this instance is furnished by the public education authorities.

There has been briefly described the beginnings of the various forms of activity for the care and education of cripples. Along each line great progress has been made and at the present time there is a very encouraging degree of interest.

It will have been seen that there are two main systems of care for crippled children. These systems may be briefly styled as residential and nonresidential. The institutions grouped under the first classification are homes or hospitals in which the children live during the period of care. The organizations classified as nonresidential provide education and care during the day, while the children still reside at home. Under this system the children are transported from their residences to the place or places where they receive their care and instruction, and they are returned to their homes during the afternoon. Details of the operation of both systems will be considered later.

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The element which necessitates the special care of a crippled child is necessarily a physical defect or deformity. The first aim must therefore always be to remove this defect, and all other ends must if necessary be subordinated. Orthopedic care can in a large number of cases effect complete cures or bring about such marked improvement as will eliminate the patient from the handicapped class which requires special social consideration and care. Where this is accomplished the result is of a permanent nature and the subject can be turned over to the ordinary educational and social agencies.

(Fortunately for those interested in the welfare of cripples, the science of orthopedics is in an excellent state of development, and in all parts of the country the available hospital facilities are reasonably adequate.) But the average hospital, excellent though its surgical resources be, cannot fully meet the demands of the problem presented by the crippled child. The most obvious inability is encountered in the limited time it is possible to keep the child in the hospital. Accommodation for the operation and the subsequent acute period is feasible; but for a period of the year or more required by some of the lower forms of treatment is entirely out of the question for the average hospital, owing to the pressure of other demands. Thus there arises a need for a convalescent home to which the children may go after leaving the hospital in order to ensure the best results, or for an institution equipped for and in a position to supply both surgical treatment and home care.

But there are other needs to be considered. They may be broadly designated as social, moral, and mental. After the most pressing demands of the physical condition are met these other considerations should be given most earnest consideration. No form of care for crippled children which neglects them can be regarded as at all complete.

This latter set of needs may be met, of course, by personal influence, the force of example and teaching, and by a regular educational system, so modified as to meet the individual requirements and handicaps of the child. The broad aim will be, of

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course, to make the child's position and attitude as nearly normal as possible.

It is not the purpose of this paper to go into the elements of surgical care. Furthermore, the requirements of any case are at the present time adequately met by individual professional diagnosis. But the supplementary needs of crippled children, being so nearly similar, do admit of collective consideration. The first of these demanding attention is the social need. The average crippled child when first taken under care is broken in spirit and discouraged, and handicapped by a very narrow field of vision. All his life he has had impressed on him, whether intentionally or not, how helpless he is. He has seen his brothers and sisters go to school in the morning, play in the street in the afternoon and engage in a hundred and one activities which were denied to him. At the same time his own field of interest and activity has been extremely limited and from those influences which usually make for general development he has been cut off. The first object, therefore, will be to combat any attitude of hopelessness and instil hope in its place. Ambition is the mainspring of human endeavor and is absolutely essential to any effective effort and accomplishment. The transition from one point of view to the other can be effected only by personal influence. But once effected it lays the best kind of a foundation for the superstructure of further work. The moral need is met in a similar manner, the aim being the general development of character.) The remaining need is met by education. A good primary education is first essential; later this may be supplemented by some special form of industrial training. During the earlier stages of instruction some difficulty may be encountered in the varying equipment and preparation of the children, many of them having reached a comparatively advanced age without any tuition whatever. (The remedy for such a situation is found in a high degree of individual attention by the teacher. The educational results obtained, however, are thoroughly gratifying. The mentally healthy crippled child is as able educationally as his normal brother. Being free from the ordinary distractions of childhood his attention is more undisturbed, and having been limited in possible activities the applica-

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tion to the activity of schoolwork is all the more intense. As a result of these two circumstances the educational progress of the crippled child is more often above the average than below it, and this consideration compensates for any deficiency in constitutional strength due to impaired physique.

The special field of industrial training will be considered later.

At this point it may be well to comment on some other social elements which enter into the care of crippled children. The most important principle to be observed is that all idea of "charity" work should be eliminated as far as the children are concerned. Public opinion has long since taken the attitude that every person is entitled to education and preparation for one's lifework. To be sure, in the case of cripples the state has not as yet wholly fulfilled its duty, but where we supply any deficiency we should take the attitude rather of restoring a right than of conferring an exceptional bounty. Where there is constantly impressed on the child that he is far unlike other children and that he is an object of special consideration and pity, the effect is highly undesirable from a social point of view. Furthermore, there are sown seeds of incipient mendicancy.

This spirit toward the work is of the greatest importance. We find institutions which by this index stand at both extremes. There are some in which the self-respect of the child is carefully conserved; there are others in which he is persistently pauperized. There is one institution which might be cited where the identity of those responsible for the work is entirely lost in the efforts made for their crippled charges; there is another where the person in charge through constant self-assertion and the preservation of a "charitable" attitude toward the children largely vitiates any social results of the work. This institution is also open to the charge of exhibiting the crippled children in an annual vaudeville show and fair, where the object is evidently to utilize their deformities to play on the sympathies of the audience. This is exactly the same principle as is employed by the crippled beggar. A more reprehensible system could hardly be conceived and its existence does more to hurt than help the cause of crippled children. Where all this touches the orthopedic surgeon is in the

fact that he and his confrères are usually the most influential as well as the most intelligent members of a board of managers, and their influence can just as well as not be utilized to accomplish the most social good. It has long since been recognized that the highest type of service rendered by the medical profession is not limited entirely to the fields of *materia medica* and surgery.

The general principles which have been mentioned apply equally well to any type of work for crippled children. We may now pass to a more detailed examination of the residential and non residential systems. The first question which will come up will concern the class of patients which each system will best serve.

In priority of establishment in any locality the residential home has always taken the precedence. The first institution in the world for cripples, "The Royal Bavarian School and Home for Crippled Children," started in Munich in 1832, took this form, and in other localities the same experience has been observed. The nonresidential type while not inferior in importance or value is subsequent in time in the development of care for cripples. The reason is obvious and it throws light on the relative spheres of usefulness of the two systems. In attempting to cope with any situation, it is the most acute features or cases which first demand attention. And it is perfectly clear that acute cases and those demanding operations required the care afforded by a hospital or a hospital-home or by a hospital supplemented by a resident convalescent home. It will be seen, therefore, that all cases requiring constant medical supervision over any length of time are subject to residential care. But this system alone did not seem to solve the entire problem even in localities where comparatively adequate facilities were available. There were many cases which did not need constant hospital care although they were crippled and needed occasional surgical attention. Such were not admitted to hospitals partly on account of the press of more urgent demands, but largely because they could receive reasonably beneficial care while residing at home. Recognition by orthopedists of the existence of such a class is demonstrated by the tremendous development of some orthopedic clinics. But while

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surgical treatment was being provided, the social and educational considerations were being entirely neglected. In brief it was to meet the needs that the type of work designated as nonresidential care sprang up.

In its usual form nonresidential care consists of transporting crippled children to and from special day classes, taking them to clinics, and providing nurses to supervise their general physical condition.

Neither system is a panacea for all the ills of crippled children, but on the whole both meet excellently the needs of such crippled children as are adapted to their respective forms of care. Objection is often made to the nonresidential system because it does not provide as good physical care as can be given in a resident home. Even if this is true to a certain extent, it must be remembered that the resources available are limited and that the system effects large results at small cost. In addition the social good accomplished is probably greater than under the resident system.

The reason for this lies in the maintenance of the family relation, the children living at home. In the best type of care the nurses play a most important part, doing all in their power to improve the condition of both child and parents. They travel to and from school in the omnibuses with the children and devote their spare time to visiting the homes of the children. When the children first come under care they present, as a rule, serious problems. Most of them have had no training whatever, and a great many are very badly cared for at home. Such a situation, however, might well be expected. A mother who is very poor can do very little for a crippled child, and even then she does not know what to do. She comes to regard the case of the child as hopeless and the child as an unmitigated burden. So in many instances, the situation at the start seems very discouraging. But by patient effort the attitude of hopelessness may be remedied and enthusiasm over what can be done for the child often takes its place. The nurse offers to take the child every day to the public school, merely asking the mother's coöperation, and in most cases short of entire depravity this can be obtained. At first, of course,

it will be blundering and uncertain, but with the moral attitude right, the details of care are easily attended to. There are, it might be well to say, a gratifying number of cases where the mothers stand ready and willing to do everything in their power for their crippled children. In such instances all the nurse need do is to point out the best methods of care.

After getting the family started in the right direction, the nurse shows the mother how to care for her crippled child—bathing, dressing, adjustment of braces, and feeding. Also the nurses stand ready to give instruction in the best and most economical principles of home-keeping. In every way they seek to become the friends and valued advisers of the families. In most instances they succeed.

Their influences can be seen in the change in the appearance of the children after they have been under care for some time. From dirty, unkempt urchins they turn into neat, clean and well-groomed children. Such work as this is of benefit not only to the children but to the families as well.

The nurses always aim to do the best they can with the facilities at hand, and encourage the families to do all they can for the children. Where it is absolutely impossible for the family to furnish necessities, the organization stands ready to provide them—through the medium of the parents, if possible. Thus, when one of the children needs a pair of new shoes and the family cannot afford to buy them, the nurse will get them and give them to the mother to give the child. This is to encourage the preservation of normal family relations and to prevent the estrangement which always follows when a child loses respect for his parents and begins to look to others for elements of daily existence which should come from his own family. The attitude of "Here, little boy, your mother can't give you what you need; come with me and I will do it instead," is hardly a desirable one. So also with the lunches which the children take to the school; the nurse first tries to get the mother to furnish a suitable one. If this is not possible, the nurse will arrange to have one furnished. The child, however, does not know this.

In some cases, of course, little can be done with the family, but

these are very few. In such instances other courses must be pursued, but where the development of good care from the family can be effected there is accomplished a permanent result of the greatest value.

During the summer the children cared for under the nonresidential systems are taken away by various agencies for vacations in the country.

The residential home is, of course, a modified hospital, the details of which are well known. Special facilities are provided for the education and recreation of the children. Where possible such a home should be located in the country, the out-of-door facilities being so much better and of such value. In a home the children, of course, have available at all times the various provisions for surgical and medical care, and where extended treatment is necessary many features of the educational work may proceed without interruption.

One tendency which should be guarded against and minimized as much as possible is the alienation from the family. In most cases it is necessary for the children to go back, after varying periods, to the environments from which they came. In many instances they expect to have the same attention and comforts they have received at the institution, and, their family being unable to supply these, the children become dissatisfied and lose a certain measure of respect for their parents. Such estrangements are by no means uncommon and they can be avoided only by the greatest wisdom on the part of those in charge of the work. All the necessities should of course be supplied, but anything savoring of luxury or extravagance should be scrupulously avoided.

One more distinction among organizations for the benefit of crippled children should be mentioned. It relates to the source of support. Most of the work is supported by private means, but in recent years there are several lines of work which are maintained at public expense either by the city or state. The growth of this latter type of work is most encouraging as it shows the assumption of the responsibility by society at large and places the burden where it belongs. It thus leaves private philanthropy free to exert its efforts in other directions, and it also places the

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work on a more permanent basis, relatively independent of changes in management or decreases of a fluctuating income.

From a national standpoint, however, the situation is most unsatisfactory, all the institutions being grouped around four or five cities. The gravest defect is that immense sections, notably the West and South, are without any provision whatever. In these sections there are many crippled children whose needs urgently demand attention. It is of the utmost importance that some provision should be made. The orthopedic surgeons could exert a most powerful influence to attain this end.

Having now considered the main features of work for crippled children we will pass to a description of the various institutions now in existence in this country.

The institutions will be listed according to geographic location, the states being arranged in alphabetical order. Within the states the arrangement is purely arbitrary. Summer homes are indicated by an italicization of the name. Where a summer home is connected with an all-year-round institution it is placed immediately following it.

CALIFORNIA.

Children's Hospital.

Children's Hospital, San Francisco, California. Purely orthopedic work for children is done at this institution but no educational facilities are maintained. Some time ago a kindergartner was employed to work with the children but this was given up after a brief trial as the children were too sick and the effort was too much for them.

CONNECTICUT.

Virginia T. Smith Home for Crippled Children.

Virginia T. Smith Home for Crippled Children, Newington, Connecticut. Established 1898, through the efforts of the Connecticut Children's Aid Society. Consulting Surgeons, Dr. Joseph E. Root and Dr. Allan Williams. Accommodation is provided in the home for eighty crippled children. Very little surgical work is done at the home. There is one building for boys, one for girls, one hospital building for contagious diseases and one school building. In this latter instruction is given to the children in kindergarten and elementary subjects and in manual training and music. During the summer

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many of the children are sent to the Playridge Cottage at Woodmont, Connecticut, which is also maintained by the Connecticut Children's Aid Society.

Bobolink Cottage.

A small home for crippled children conducted under private auspices.

ILLINOIS.

Chicago Public School System.

Chicago Public School System—special classes for crippled children. In Chicago the Board of Education maintains one special school for crippled children and two special classes in a regular school building. At the Spalding School for Crippled Children there are five classes accommodating 163 children and at the Fallon School there are two classes accommodating sixty.

Transportation by omnibuses to and from school each day is furnished by the Board of Education, a policeman riding in each omnibus to look after the children. Nurses are sent to the schools daily by the Visiting Nurses Association to care for the children needing their services. This association also cares for the children on Saturdays and Sundays and during vacation. All necessary surgical supplies are furnished by the Board of Education. The classes are limited to twenty-five pupils each. It is required that the teacher shall have taken courses in "Hand-work" and "Physiology and Hygiene." There is much hand-work taught in the classrooms and wood-work and printing are taught to the boys who are not too crippled, and sewing to the older girls.

Hot meals are provided at noon by the school authorities. The cost of these meals per pupil per day is about ten cents. The sessions are one hour shorter than those of the classes for the normal children. The course of study is very similar to that prescribed for regular work.

Light exercises are given and at the Spalding School there is a large room with a cork carpet, which the pupils use for recreation and games, and swings and slides are provided for those who can use them.

Happy Haven, 3445 Vernon Avenue, Chicago, Illinois.

A private home conducted by Miss Florence E. Prouty at her own residence. Miss Prouty is a teacher in one of the special classes for crippled children in the Chicago Public School System and started some years ago to care for the most needy ones in her class. The Board of Education now contributes to the support of the children. The recently formed South Side Children's

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Aid Society also helps provide for the children. The home now has a summer branch at Twin Lake, Indiana. Happy Haven is an excellent example of a small private organization.

South Side Crippled Children's Aid Society.

An organization to assist the crippled children at Happy Haven and to provide summer outings, clothing, shoes, crutches, braces, artificial limbs, etc., to any crippled children throughout the city who may need such aid.

Home for Destitute Crippled Children.

Home for Destitute Crippled Children, 46 Park Avenue, Chicago, Illinois. Chief Surgeon, Dr. John Ridlon. This institution cares for crippled children, gives them surgical treatment and provides primary education and several forms of manual training. Children over eleven years of age are ineligible for admission and no child passed twelve years of age can be retained at the home except by special provision. Mental defectives are not admitted under any circumstances.

The Home for Disabled Children.

The Home for Disabled Children, 902 South Eighth Avenue, Maywood, Illinois. A small home for crippled children, mostly chronic cases.

MAINE.

The Children's Hospital.

The Children's Hospital, High and Danforth Streets, Portland, Maine. For the care of the crippled and deformed in the State of Maine. Founded 1908. This institution occupies an old colonial mansion and a fine new fire-proof building, which comprises full hospital equipment, operating-rooms, wards, brace shop, dispensary, elevator and solarium. The hospital has fifty-one beds. During the past year 451 patients were treated in the dispensary.

MARYLAND.

Hospital for the Relief of the Crippled and Deformed of Baltimore City.

Hospital for the Relief of the Crippled and Deformed of Baltimore City, 2000 North Charles Street, Baltimore, Maryland. Established 1895. Dr. R. Tunstall Taylor, Surgeon-in-charge. This is an excellently equipped

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orthopedic hospital with fifty beds. There is a kindergarten in which elementary manual instruction is given. The hospital maintains a summer branch at Blue Ridge Summit, Pennsylvania, at which accommodation for fifty children is provided.

The Children's Hospital School.

The Children's Hospital School. Recently at Catonsville, Maryland, now moving to Green Spring Avenue, Baltimore, Maryland. The institution has been giving to crippled children medical care and elementary primary and manual instruction.

MASSACHUSETTS.

Massachusetts Hospital School, Canton, Mass.

Established by law 1907. Superintendent, Dr. John E. Fish. This is a fine modern institution with every advantage of location and equipment. The capacity was made 300 so as to meet future needs. At present there are 120 children in the school. The object is to provide a home for crippled children where they can receive constant hospital care and at the same time suffer no interruption of their education. The school offers various forms of industrial training so that the children may be fitted to be self-supporting. As the school is still new and most of the children young the final forms of this industrial training have not been worked out, it being felt that the education must be adapted to the labor conditions of the community. At present the children are furnished a primary school education and in addition, instruction in sewing, sloyd and elementary carpentry. Opportunities for instruction in cobbling and simple farmwork are furnished.

Industrial School for Crippled and Deformed Children.

Industrial School for Crippled and Deformed Children, 241 St. Botolph Street, Boston, Massachusetts. Established 1893. President, Francis G. Cotting; Chairman of the Medical Committee, Dr. Robert W. Lovett. This institution is one of the pioneers in the education of crippled children and since its foundation it has done splendid work. It now accommodates about 100. The children live at home and are brought to the school each day in an omnibus receiving a good hot dinner at noon.

The school was originally established with the central idea of making cripples self-supporting, and the results have amply justified the work. In the primary departments there is given an education similar to that of the public schools. In addition there are taught suitable subjects of manual training, including paper folding, clay modeling, basket making, wood-working, cane-seating, needlework, cobbling, cooking, gymnastics, type-setting and printing. There are also conducted exclusively trade classes for

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persons over fifteen years of age. The trades taught are typesetting and printing, cane-seating and basket work, needlework, and the manufacture of wooden toys.

The aim of the school has been to make its industrial departments self-supporting and this has been largely accomplished. An excellent printing shop is maintained and this was the first to demonstrate its earning capacity. The other trades followed this example and really all are now showing a profit. A helpful suggestion might be drawn from the work of the needlework department, which specialized along one line and finally became so proficient that it was able to command all of the work of this type in the city. The work thus secured was not given as charity but on a purely commercial basis.

For medical and surgical attention the pupils attend the clinics of the various hospitals. They receive the attention of a nurse at the school and regular visits are made by the Medical Committee.

The school is located in a building in the residence district of Boston, which is excellently suited to its work.

New England Peabody Home for Crippled Children, Hale Street, Hyde Park, Mass.

Established in 1894. Surgeons, Dr. Robert W. Lovett and Dr. Robert Soutter. A small hospital home and school for crippled children, located just outside of Boston. The features about it of peculiar suggestive value are the incline ways connecting the floors which enable patients in wheel chairs to be taken up and down without using the stairs. This arrangement makes an excellent substitute for an elevator, this latter convenience cannot be installed.

Burrage Hospital Association, Boston Harbor, Mass.

A summer hospital for the care of crippled children, open from the middle of June to the middle of September. This hospital accommodates 125 children.

MICHIGAN.

Van Leuven Browne Hospital-School.

Van Leuven Browne Hospital-School, 31 Kenilworth Avenue, Detroit, Michigan. Established 1907. A resident home and school for crippled and incurable children.

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Special Class, Public School System.

Special Class, Public School System, Detroit, Michigan. A Special Day class for crippled children is conducted under the auspices of the Board of Education, which furnishes transportation to and from the homes.

MINNESOTA.

State Hospital for Indigent, Crippled and Deformed Children, St. Paul Minn.

Established 1897. Chief Surgeon, Dr. Arthur J. Gillette. A public hospital maintained by the state. This is an excellent institution from an orthopedic point of view, and accommodates about seventy children. A school is maintained and educational facilities are provided for the children. Some industrial work is done. The work of the institution from now on will be supplemented by its country home at Phalen Park.

The Country Branch of the State Hospital for Indigent Crippled and Deformed Children, Phalen Park, St. Paul, Minn.

This institution which has only just been completed will supplement the work of the State Hospital at St. Paul.

MISSOURI.

Children's Hospital.

Children's Hospital, St. Louis, Missouri. Chief Surgeon, Dr. Nathaniel Allison. This institution provides facilities for all classes of orthopedic work with children under fourteen years of age. This includes a class for developmental exercises for faulty attitude and scoliosis, which is in session three times a week. There are thirty beds allotted to orthopedic cases and there is also an ambulatory class, which numbers about 1000 patients a year.

NEBRASKA.

Nebraska Orthopedic Hospital.

Nebraska Orthopedic Hospital, Lincoln, Nebraska. Established 1905. Surgeons, Dr. J. P. Lord and H. Winnett Orr. Accommodates sixty patients. In addition to the hospital equipment there is a schoolroom. Four teachers are employed. Elementary subjects, cooking, sewing, and book-binding are taught. One of the first institutions to be established and maintained entirely at public expense. It was also the first providing for the compensation of attending medical officers

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NEW JERSEY.

Home for Crippled Children.

Home for Crippled Children, Clifton and Fifth Avenues, Newark, New Jersey. Established 1892. Orthopedic Surgeon, Dr. Reginald H. Sayre; Surgeon, Dr. Joseph Fewsmith. This home maintains a hospital and a dispensary. The hospital wards have a capacity of fifty patients. In both departments the home has treated 2390 patients during the past year.

Daisy Fields Home and Hospital for Crippled Children.

Daisy Fields Home and Hospital for Crippled Children, Central Avenue, Englewood, New Jersey. Established 1893. Chief Surgeon, Dr. W. O. Plimpton. This is a small home for crippled children located near New York City. The age of admission is from three to ten years. Nursing and medical care is provided at the home but for surgical treatment the children are sent to the Post-Graduate Hospital in New York City.

New Jersey Orthopedic Hospital and Dispensary.

New Jersey Orthopedic Hospital and Dispensary, 148 Scotland Street, Orange, New Jersey. Established 1904. Chief Surgeon, Dr. Robert R. Soule. The hospital has ten beds, but during the last year 366 patients received treatment, most of them in the dispensary.

The Children's Sea-Shore House, Atlantic City, N. J.

Founded in 1872 as a summer home for the crippled children of Philadelphia. Recently the home has kept a small building open during the winter. For the winter inmates one teacher is provided. During the summer the capacity of the home is nearly 500. Dr. William H. Bennett is the physician-in-charge.

NEW YORK.

NEW YORK CITY.

Hospital for the Ruptured and Crippled.

Hospital for the Ruptured and Crippled, Forty-second Street and Lexington Avenue, New York City. Founded in 1863. Chief Surgeon, Dr. Virgil P. Gibney. This institution has two departments. The hospital department is for resident patients and accommodates over 200. In the dispensary department treatment is given to non-residents. The orthopedic

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division last year treated 7296 patients in this dispensary; 551 resident orthopedic patients were cared for during the year. This makes a total of 7847 patients treated.

The hospital maintains a school on the top floor of the building where the crippled children who are confined for any length of time may receive instruction. Ten teachers are employed. In addition to elementary education instruction is given in sewing, pyrography, music, basketry, carpentry, chair-caning and weaving. The patients who are not yet ambulant attend the classes in rolling chairs and on rolling tables or beds.

New York Orthopedic Dispensary and Hospital.

New York Orthopedic Dispensary and Hospital, 126 East Fifty-ninth Street, New York City. Founded 1866. Chief Surgeon, Dr. Russel A. Hibbs. Owing to the great demands upon it and the fact that the building is old and not adapted to modern methods of work this hospital has recently been considerably hampered. It is probable, however, that it will soon rebuild. The hospital accommodates about seventy resident patients and takes care of great numbers in its dispensary where splendid work is done. Last year there were treated 4452 patients.

A small school is maintained at the hospital so that the children may not fall behind in their education. The hospital maintains its own brace shop where all the orthopedic appliances are made.

Under the same management as the hospital and operated in connection with it is a country branch and industrial school which is one of the finest in the country. This will be described later.

The Country Branch and Industrial School, of The New York Orthopedic Hospital, White Plains, N. Y.

A splendid institution located in the country and working in conjunction with the city hospital. Convalescent and tubercular cases coming from the city hospital are received at this home where every facility is provided for treatment and care. A thorough first-class school is maintained and the children are given a complete elementary education, as well as industrial instruction. Courses are provided for cabinet making, wood turning, sewing, dressmaking, cooking, typewriting, and stenography.

According to the last report the average accomodation during the year was 122. The average age of the patients being eleven and twelve years. Of this number 112 were in daily attendance at school.

Hospital for Deformities and Joint Diseases.

Hospital for Deformities and Joint Diseases, 1917 Madison Avenue, New York City. Established 1906. Chief Surgeon, Dr. Henry W. Frauenthal.

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This is a small hospital which gives treatment to orthopedic cases. There is a department of resident wards accomodating forty, and a dispensary where surgical treatment, massage and gymnastics are given. During the past year the hospital furnished treatment in both departments to 1609 patients.

Sea Breeze, Coney Island, N. Y.

A sea-shore hospital for children suffering from tubercular bones and joints. Dr. Fred H. Albee, attending surgeon; Dr. Edward A. Park, attending physician. This hospital is equipped with operating room and wards and accommodates about forty patients. The treatment is based chiefly on the efficacy of fresh air treatment.

New York City Public School System.

New York City School System—special classes for crippled children. The first class was established in 1906 on the recommendation of the Association for the Aid of Crippled Children, and was located in Public School 67 on West Forty-sixth Street. The city Board of Education agreed to furnish instruction in special classrooms and the Association agreed to care for the children and transport them to and from the school. The number of classes has been increased until those operated under this arrangement now number twelve. Later on the Board of Education agreed to furnish the equipment and the instruction for classes maintained at a private institution, the Crippled Children's East Side Free School. Here the institution furnishes the care, meals during the day, and transportation to and from the children's homes, while the Board of Education furnishes and has entire charge of the instruction. The same arrangement prevails at the Day Home and School for Crippled Children. For a few classes the Board of Education provides transportation.

The work done in these classes by the public school system will be described here. The supplementary work of the private organizations will be described in the division devoted to private nonresidential institutions.

The special classrooms for crippled children are, so far as possible, located on the ground floors of the school buildings. In the newer schools the rooms open out on the court which is used as a playground when not occupied by the other children. Each room is amply lighted and provided with individual lockers. The desks and chairs have been specially designed to meet the needs of crippled children and are adjustable in every detail. The teachers are selected with special reference to their patience and adaptability. The curriculum is about the same as in the regular public school classes, except that it is not followed so closely in the matter of requiring work to be accomplished by certain dates. The daily session is one hour shorter than for the regular pupils, but the classes are smaller, and it is found that the shorter

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time of work is about counterbalanced by the increased individual attention which it is possible to give each child. All necessary allowances are made for the health of the children. Special emphasis is placed on work of a constructive character with the idea of subsequent industrial training. Some of the graduates of these classes in the public schools are already attending the Manhattan Trade School which is also a part of the public school system. The teachers of the special classes for crippled have formed an organization which meets regularly for discussion of the pedagogical features of their work.

The Association for the Aid of Crippled Children.

The association for the Aid of Crippled Children, 5 Livingston Place, New York City. President, Miss Catharine A. Bliss. Established 1899. As was pointed out this organization had its beginning as an auxillary to a special school of the Children's Aid Society. Its aim, however, was to get the public school system to open classes for crippled children and it worked without intermission to secure this result. The first class was opened in 1906 and since then others have been started. The Association coöperates with the Board of Education, transporting the children to and from school and caring for their social and physical well-being.

Most prominent in the activity of the Association is the work of transporting the children to and from the public schools. The Association also employs trained nurses, who travel to and from school with the children and who do all they can in every way to better the condition of their crippled charges. This they accomplish by exerting a salutary influence upon the children themselves in their twice-daily contact with them, and by visiting in the families they endeavor to so instruct and influence the child's parents that home conditions may be greatly improved. These nurses also maintain a general oversight of the child's physical condition, and they see that attendance at the clinic is regular and that the surgeon's directions are followed. The Association also coöperates with other agencies and arranges that all the children under its charge shall have country vacations in the summer. When the children graduate from the schools and the active daily relations consequently cease, the Association endeavors to supplement and complete its work by placing them in positions where they will be self-supporting and independent.

During the existence of the Association over seven hundred children have been cared for. The Association is at present transporting and caring for about two hundred and ninety children, maintaining for the purpose seven omnibuses and employing eight nurses. At the headquarters of the Association there is a kindergarten for young crippled children, in which the instruction is furnished by the Board of Education.

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Crippled Children's East Side Free School.

Crippled Children's East Side Free School, 157 Henry Street, New York City. Chief Surgeon, Dr. Charlton Wallace. This school has a splendid five-story building located in one of the poorest districts of the city. The building is equipped with elevators, bath-rooms and every modern convenience. The elementary classes are maintained by the public school system and is under the direct supervision of the "Board of Education." Instruction in industrial subjects such as bookbinding and needlework is provided by the organization of the school. The workshops thus conducted are largely self-supporting.

The children live at home but they receive most of their meals at the school which maintains a large kitchen and dining-room. Most of the routine surgical work is done in the school building and the children are bathed regularly.

There is also maintained at this school a class for mentally defective crippled children.

On the top floor of the building is a play-ground which is provided with large windows. When these are opened, the children have as much fresh-air as they would have out-of doors.

The capacity of the school building is about 160.

The school maintains a summer home at Oakhurst, New Jersey, where the children are taken for their vacation.

Day Home and School for Crippled Children.

Day Home and School for Crippled Children, 2111 Madison Avenue, New York City. Established 1902. Chief Physician, Dr. S. Glynn Young. President, Mrs. Jesse Merrick Smith. This is a day home and school for crippled children having accommodation for about forty pupils. The instruction in the elementary subjects is furnished by the city public school system, The organization furnishes instruction in cooking, sewing, light carpentry, drawing and gymnastics. At noon a hot dinner is served. The school building is not well-suited to the work, it having been converted out of former residences. The institution maintains a summer home at Bartow-on-the-Sound.

Miss Spence School Society.

Miss Spence School Society maintains a school on a boat at the foot of East Twenty-sixth Street and provides for the daily transportation of the children to and from their homes.

Rhineland School.

Rhineland School, East Eighty-eighth Street, New York City. Maintained by the Children's Aid Society. Established 1898. This is a day

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school for crippled children which provides instruction in the elementary subjects during the mornings. In the afternoon the Brearley League maintains industrial classes for the children, giving them instruction in brassworking, needlework, and basket-weaving. In the same building the Brearley League also maintains all-day trade classes for the older children. The girls are taught embroidery and the boys are taught to make hand-wrought jewelry. The school transports the children to and from school in a large omnibus.

Brearley League.

Brearley League, New York City. This organization maintains industrial classes at the Rhineland School, under which heading its work is described.

Free Industrial School for Crippled Children.

Free Industrial School for Crippled Children, 471 West Fifty-seventh Street, New York City. Established 1900. Chief Surgeon, Dr. James Porter Fiske. This institution maintains a day school for crippled children, the children being collected each day in a wagonette. It accommodates fifty children. In addition to teaching the primary subjects, instruction is also given in carpentry, woodcarving, metalwork, sewing, dressmaking and cooking. The children are paid for the work they accomplish. The building is old and not fitted to the requirements. The institution maintains a summer home at Claverack, New York.

New York Home for Destitute Crippled Children.

New York Home for Destitute Crippled Children, 141 West Sixty-first Street, New York City. Founded 1904. Chief Physician, Dr. Egerton S. Jackson. This is a small home with a capacity of twenty and is not run at all on modern lines. The children attend a near-by public school. The institution maintains a summer branch at Patchogue, Long Island.

Visiting Guild for Crippled Children.

Visiting Guild for Crippled Children, 33 Central Park West, New York City. President, Mrs. Edgar A. Hellman. This organization provides for visiting and teaching crippled children in their homes, and endeavors to secure for them, wherever possible, instruction along some industrial line. The Guild maintains a summer home, "Blythdale House," accommodating thirty children, at Hawthorne, New York.

Crippled Children's Driving Fund.

Crippled Children's Driving Fund, 105 East Twenty-second Street, New York City. Established 1904. This organization provides carriages and

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stages to take out driving in the park crippled children from the various institutions in the city. During the past year the Fund has had on its books over 3000 crippled children.

NEW YORK.

BROOKLYN.

House of St. Giles, the Cripple.

House of St. Giles the Cripple, Garden City, New York. Established 1890. Chief Surgeon, Dr. Burr Burton Mosher. This is a home and hospital for crippled children which accomodates about thirty. The present quarters are in the country. It is intended to build a hospital in New York City in the Borough of Brooklyn. When this is completed the Garden City establishment will be used at a country branch.

Brooklyn Home for Blind, Crippled, and Defective Children.

Brooklyn Home for Blind, Crippled and Defective Children. Located at Port Jefferson, Long Island. The various classes are cared for separately. About 120 cripples are accommodated.

Orthopedic Department, St. Mary's Hospital, St. Mark's Avenue, Brooklyn, N. Y.

Provision is made for hospital treatment and an orthopedic clinic is maintained. Remedial mechanical appliances are made on the premises.

Orthopedic Dispensary, Raymond Street and De Kalb Avenue, Brooklyn, N. Y.

Established 1868. For the clinic treatment of deformities and ruptures. Open on two days of the week.

NEW YORK.

OUTSIDE OF NEW YORK CITY.

New York State Hospital for the Care of Crippled and Deformed Children,* West Haverstraw, N. Y.

Established by law in 1900. Chief Surgeon, Newton M. Shaffer. Capacity forty-five patients. Crippled children from four to sixteen years of age

* Other states have given attention to the care of cripples. In 1906 the State of Ohio passed an act creating a State institution for the treatment and education of crippled and deformed children. A commission was appointed for the purpose of preparing plans and selecting a site for which an appropriation of \$50,000 had been made. The commission, however, failed to act within two years and the amount appropriated was no longer available.

The State of Kansas cares for some cripples at the State Orphans' Home at Atchison, Kansas.

The Oklahoma State Department of Charities is planning to establish a "Crip-

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are admitted. The institution is more of a hospital than a home the average length of residence being a year and a half. One teacher is employed and elementary instruction is given to those children who are well enough to profit by it. The hospital is housed in an old building which is too small for the requirements.

St. Agnes Hospital for Crippled and Atypical Children.

St. Agnes Hospital for Crippled and Atypical Children, White Plains, New York. Established 1908. Orthopedic Surgeon, Dr. Francis E. Butler. This institution is a resident hospital and school. In the latter there are two classes for crippled children and a kindergarten. There are also classes in sewing, cooking, laundry work, basketry, benchwork, and stenography. About ninety cripples are cared for.

Mrs. Harrison Gray Lamson's Home, 2425 Ocean Avenue, Sheepshead Bay, L. I.

An adjunct to Mrs. Lamson's residence. An open air pavilion is provided accommodating twelve crippled children, who are invited for stays of two weeks at a time.

Industrial Home for Destitute Crippled Children, 487 Niagara Street, Buffalo, N. Y.

A small home where about twenty crippled children are accommodated. The children attend a near by public school and some industrial training is given at the home.

Wheel Chair Guild Home, 93 17th Street, Buffalo, N. Y.

The Wheel Chair Guild was formed several years ago to provide wheel chairs for cripples and invalids. On September 1, 1911, it opened a small home for the same class of beneficiaries.

Southampton Home for Crippled Children.

Southampton Home for Crippled Children, Southampton, Long Island. This is an excellent country home for crippled children which is open only during the summer. Instruction is given in kindergarten subjects and woodworking.

ples' Colony.' The state is overrun by adult cripples who flock to it as beggars. In the colony they will be compelled to work or learn a trade. Provision will be made later for crippled children. In a census of cripples in the state there found only fifty-six crippled children of school age, while there were about 1000 adult cripples, 70 per cent. of whom were beggars.

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The Robins' Nest.

The Robins' Nest, Tarrytown-on-the-Hudson, New York. Established 1901. A summer home for crippled children, open seven months of the year, accommodating seventy-five. In addition to the dormitories there is a play-room and a kindergarten.

Home for Convalescent Children, Chappaqua, N. Y.

A summer home conducted by The New York Children's Aid Society receiving crippled children from The Rhinelander School.

Haxtun Cottage for Crippled Children, Bath Beach, N. Y.

A summer home for crippled children maintained by the New York Children's Aid Society, receiving children from the city hospitals.

OHIO.

Holy Cross House.

Holy Cross House, 5609 Whittier Avenue, Cleveland, Ohio. Established 1903. Chief Surgeon, Dr. Samuel W. Kelley. This is a home for crippled children which provides medical and surgical care. The capacity is about thirty. A teacher who gives instruction in elementary subjects is furnished by the public school system of the City of Cleveland. The Home provides instruction in printing and in domestic arts.

Rainbow Cottage.

Rainbow Cottage, South Euclid, Ohio. Founded 1891. Surgeons, Dr. C. E. Briggs, Dr. Henry O. Feiss and Dr. Henry L. Sanford. This is an excellent home for convalescent orthopedic patients and has a capacity of about thirty.

Willson Avenue School for Crippled Children.

Willson Avenue School for Crippled Children, Cleveland, Ohio. This is a day school for crippled children maintained by the Sunshine Circle. Regular public school instruction is given by teachers furnished by the Board of Education. In addition the children receive properly cooked meals and are transported to and from their homes in omnibuses.

PENNSYLVANIA.

Home of the Merciful Saviour for Crippled Children.

Home of the Merciful Saviour for Crippled Children, 4400 Baltimore Avenue, Philadelphia, Pennsylvania. Established 1884. This is a resi-

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dential home for crippled children where the children are received when young and kept until they reach an age when they are able to support themselves.

Provision for simple surgical treatment is made at the home. The capacity is about forty. The younger children live in wards while the older ones are given private rooms. Primary education is given at the home and in cases where it is possible the children are sent elsewhere for industrial or commercial training. The home maintains a summer branch at Avon, New Jersey.

The House of St. Michael and All Angels for Young Colored Cripples.

The House of St. Michael and All Angels for Young Colored Cripples. Founded 1887. This home was established to receive crippled negro children. The capacity is twenty-five. In the summer the patients have been sent to a camp maintained at Sea Island City, New Jersey. Chief Surgeon, Dr. Walter G. Elinor.

Widener Memorial Industrial Training School for Crippled Children, North Broad Street and Olney Avenue, Philadelphia, Pa.

Established 1906. This institution is probably the handsomest and most luxurious of its kind in the world. The grounds are thirty-two acres in extent. The plant consists of a hospital building, a cottage for boys, a cottage for girls, an industrial building, an administration building, an isolation building, lodge houses and stables. The most thorough kind of hospital facilities are provided for medical and surgical treatment, and there is also a thorough equipment for corrective gymnastics.

A school is maintained and opportunities for business education and industrial training are afforded. From twelve to fifteen hours a week are given to school work. Instruction is given in sloyd and cabinet-making, basket-making, ornamental brasswork, sewing, dressmaking and chair-caning. Instruction in music is also given and a brass band has been organized.

Summer Home of the Widener Memorial Industrial Training School for Crippled Children, Atlantic City, N. J.

A sea-shore home maintained by the Widener Memorial Industrial Training School for Crippled Children. The children from the Philadelphia institution are sent to it during the summer for sea-shore outings.

University of Pennsylvania Hospital, Orthopedic Department.

University of Pennsylvania Hospital, Orthopedic Department, Agnew Memorial Ward. This has all the facilities for an orthopedic hospital. It is provided with wards, a solarium, operating-room, and a dispensary.

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Industrial Home for Crippled Children.

Industrial Home for Crippled Children, 1426 Denniston Avenue, Pittsburgh, Pennsylvania. Established 1902. Surgeons, Dr. David Silver and Dr. J. O. Wallace. Superintendent, Lyman B. Mevis. Home care is the primary object of this institution and emphasis is laid on instruction and preparation such as will fit the children to be self-supporting. The capacity is forty-eight, half girls and half boys. Instruction in elementary school subjects is given to some of the children at the home while others attend a near-by public school. Regular work is done by all of the children along some industrial line. Instruction is given in woodworking, cooking, shoe-making, basketry, chair-caning and dressmaking.

Children's Hospital.

Children's Hospital, Pittsburgh, Pennsylvania. Orthopedic Surgeon, Dr. David Silver. In this institution slightly more than half the beds are devoted to orthopedic cases. In addition to the hospital service there is maintained an out patient department and a brace shop, and there is available the services of a visiting nurse. There is also an open air ward for tubercular cases.

Sewickley Fresh Air Home.

Sewickley Fresh Air Home, Sewickley, Pennsylvania. This institution was formerly a summer home for well children but has since been utilized for orthopedic cases exclusively. Its capacity is thirty beds. An attempt is made at systematic instruction. Surgeons, Dr. David Silver and Dr. J. O. Wallace.

Good Shepherd Home.

Good Shepherd Home, Allentown, Pennsylvania. A home caring for a limited number of crippled orphans in addition to several other classes of dependents.

WISCONSIN.

Children's Free Hospital.

Children's Free Hospital, Milwaukee, Wisconsin. Surgeon, Dr. F. J. Gaenslen. This institution maintains a special orthopedic department with a capacity of seventeen beds. Visiting nurses keep in touch with the children after they leave the hospital care.

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